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	Docket Number (optional)						
REISSUE APPLICATION DECLARATION BY	THE ASSIGNEE 98706R						
I hereby declare that:							
My residence and mailing address and citizenship are st							
I am authorized to act on behalf of the following assignee: Xerox Corporation							
and the title of my position with said assignee is: Associate General Patent Counsel							
The entire title to the patent identified below is vested in							
Name of Patentee(s):							
Philip D. Floyd, et al.							
Patent Number	Date of Patent Issued						
6,002,507	December 14, 1999						
Title of Invention							
METHOD AND APPARATUS FOR AN INTE	GRATED LASER BEAM SCANNER						
I believe said patentee(s) to be the original, first and solo	e/joint inventor(s) of the subject matter which is						
described and claimed in said patent, for which a reissur	e patent is sought on the invention entitled						
METHOD AND APPARATUS FOR AN INTE							
the specification of which							
V							
is attached hereto.							
was filed on as reissue app	lication number/						
and was amended on(If applicable)							
I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.							
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.							
I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)							
by reason of a defective specification or drawing.							
by reason of other errors.							
At least one error upon which reissue is based is descri The claims, as allowed on first narrower than the true scope of	Office Action, are substantially						
[Attach additional sheets, if needed.]							
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.							

REISSUE APPLICATION DECLARATION BY THE ASSIGN			E	Docket Number (Optional) 98706R			Optional)
I hereby appoint all business in the Name(s) David E.	-	prosect fice conn ation Nun 546	ected	is app	olication ewith.	n and t	ransact
Correspondence Customer N	e Address: Direct all communications aboutumber	t the app	lication	on to:	Place	Custo	
OR Firm or	Type Customer Number Here  Xerox Corporation			l	Labe	l Here	
X Individual Name	Patent Documentation Cen						
Address	100 Clinton Ave. S., XRX	2-20A		-			
Address	Dogboghow	Sta	ate.	MW		Zip	14644
City	Rochester	318	216	NY		ip	14044
Country Telephone	USA 585-423-4299	Fa	·	I	5-42		
statements made with fine and impriso	e that all statements made herein of my ow le on information and belief are believed to the knowledge that willful false statements onment, or both, under 18 U.S.C. 1001, and ralidity of the application, any patent issuing	be true; s and the d that suc	and to like th wil	furthe so ma Iful fa	r that t ade are Ise sta	nese st punist tement	tatements nable by s may
	rson signing (given name, family name)		7/				
Eugene O.	Palazzo Engere	100	11			<u> </u>	
Signature			Bate /2-13-2001				
	gnee Xerox Corporation Ridge Road, P.O. Box 1600,	Stam	· · · · ·				
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Patentee			Citizenship				
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	ling Address humb erland Drive, Sunnyva atentees are named on separately numbel						

## REISSUE APPLICATION DECLARATION BY THE ASSIGNEE - con't

## ADDITIONAL PATENTEES:

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